BEVERLY HEALTHCARE - KENOSHA

1703 60TH STREET

KENOSHA 53140 Phone: (262) 658-4125 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 109 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 91 Average Daily Census: 92

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	%				
Home Health Care	No	Primary Diagnosis		Age Groups	%		34.1 45.1
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	l .		 Under 65	14.3	1 - 4 Years More Than 4 Years	20.9
		Developmental Disabilities Mental Illness (Org./Psy)	46.2	•	13.2	·	20.9
Day Services	No			•		•	100.0
Respite Care	No	Mental Illness (Other)		75 - 84	44.0	·	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	26.4	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.4	95 & Over	2.2	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	3.3			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	4.4		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	8.8	65 & Over	85.7		
Transportation	No	Cerebrovascular	4.4			RNs	11.9
Referral Service	No	Diabetes	3.3	Sex	90	LPNs	11.4
Other Services	No	Respiratory	2.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	9.9	Male	30.8	Aides, & Orderlies	37.4
Mentally Ill	No			Female	69.2	1	
Provide Day Programming for			100.0			1	
Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	96	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	 7	100.0	326	3	4.2	124	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	11.0
Skilled Care	0	0.0	0	56	78.9	107	0	0.0	0	13	100.0	158	0	0.0	0	0	0.0	0	69	75.8
Intermediate				12	16.9	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	13.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		71	100.0		0	0.0		13	100.0		0	0.0		0	0.0		91	100.0

BEVERLY HEALTHCARE - KENOSHA

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
					 % Needing		Total					
Percent Admissions from:		Activities of	ଚ୍ଚ		sistance of	% Totally	Number of					
Private Home/No Home Health	16.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	1.2		15.4			35.2	91					
Other Nursing Homes	6.2		27.5		56.0	16.5	91					
Acute Care Hospitals	61.7	Transferring	50.5		34.1	15.4	91					
Psych. HospMR/DD Facilities	7.4	Toilet Use	34.1		46.2	19.8	91					
Rehabilitation Hospitals	3.7	Eating	71.4		17.6	11.0	91					
Other Locations	3.7	* * * * * * * * * * * * * * * * * * *	******	*****	******	*****	*****					
Total Number of Admissions	81	Continence		용	Special Treat	ments	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.5	Receiving R	Respiratory Care	0.0					
Private Home/No Home Health	23.8	Occ/Freq. Incontinen	t of Bladder	58.2	Receiving T	racheostomy Care	0.0					
Private Home/With Home Health	6.3	Occ/Freq. Incontinen	t of Bowel	45.1	Receiving S	Suctioning	0.0					
Other Nursing Homes	11.3				Receiving C	stomy Care	3.3					
Acute Care Hospitals	18.8	Mobility			Receiving T	'ube Feeding	3.3					
Psych. HospMR/DD Facilities	1.3	Physically Restraine	d	2.2	Receiving M	Mechanically Altered Diets	22.0					
Rehabilitation Hospitals	0.0											
Other Locations	3.8	Skin Care			Other Residen	t Characteristics						
Deaths	35.0	With Pressure Sores		1.1	Have Advanc	e Directives	100.0					
Total Number of Discharges		With Rashes		4.4	Medications							
(Including Deaths)	80	I			Receiving P	sychoactive Drugs	22.0					

		Own			Size:	Licensure:				
	This	Pro	prietary	100	-199	Ski	lled	Ali	1	
	Facility	Facility Peer Gr		Peer	Group	Peer	r Group	Faci	lities	
	90	90	Ratio	%	Ratio	ଚ	Ratio	ଚ	Ratio	
Occupancy Rate: Average Daily Census/Licensed Be	ds 83.8	84.7	0.99	85.7	0.98	85.3	0.98	85.1	0.98	
Current Residents from In-County	65.9	81.6	0.81	81.9	0.81	81.5	0.81	76.6	0.86	
Admissions from In-County, Still Residing	18.5	17.8	1.04	20.1	0.92	20.4	0.91	20.3	0.91	
Admissions/Average Daily Census	88.0	184.4	0.48	162.5	0.54	146.1	0.60	133.4	0.66	
Discharges/Average Daily Census	87.0	183.9	0.47	161.6	0.54	147.5	0.59	135.3	0.64	
Discharges To Private Residence/Average Daily Ce	nsus 26.1	84.7	0.31	70.3	0.37	63.3	0.41	56.6	0.46	
Residents Receiving Skilled Care	86.8	93.2	0.93	93.4	0.93	92.4	0.94	86.3	1.01	
Residents Aged 65 and Older	85.7	92.7	0.92	91.9	0.93	92.0	0.93	87.7	0.98	
Title 19 (Medicaid) Funded Residents	78.0	62.8	1.24	63.8	1.22	63.6	1.23	67.5	1.16	
Private Pay Funded Residents	14.3	21.6	0.66	22.1	0.65	24.0	0.60	21.0	0.68	
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00	
Mentally Ill Residents	59.3	29.3	2.03	37.0	1.60	36.2	1.64	33.3	1.78	
General Medical Service Residents	9.9	24.7	0.40	21.0	0.47	22.5	0.44	20.5	0.48	
Impaired ADL (Mean)	40.2	48.5	0.83	49.2	0.82	49.3	0.82	49.3	0.82	
Psychological Problems	22.0	52.3	0.42	53.2	0.41	54.7	0.40	54.0	0.41	
Nursing Care Required (Mean)	4.3	6.8	0.63	6.9	0.62	6.7	0.63	7.2	0.59	